

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000635

FILED  
Jan 11, 2009  
Secretary of State

**Entity Name:** USAF PILOT TRAINING CLASS 52-G ASSOCIATION, INC.

**Current Principal Place of Business:**

49 LAKE LORRANE CIRCLE  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

49 LAKE LORRANE CIRCLE  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 65-0362523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, CYRUS C JR  
49 LAKE LORRAINE CIRCLE  
SHALIMAR, FL 32579 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALDEN, PHILIP M  
Address: 30 PINE SHADOW LANE  
City-St-Zip: WELLS, VT 05774

Title: VP ( ) Delete  
Name: TRACY, ROGER F  
Address: 3 OXFORD DR  
City-St-Zip: SUFFIELD, CT 06078

Title: T ( ) Delete  
Name: MILLER, CYRUS C JR  
Address: 49 LAKE LORRAINE CIR  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: GAVS, ADAM  
Address: 6 SORREL HILL LANE  
City-St-Zip: HAUPPAUGE, NY 11788

Title: S ( ) Delete  
Name: PRESLEY, RANDY  
Address: P.O. BOX 1238 1805 N JEFFERSON ST  
City-St-Zip: MT PLEASANT, TX 75456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYRUS C MILLER JR

T

01/11/2009

Electronic Signature of Signing Officer or Director

Date